Change in Company's premium or rate le	vel produced by rate revision effective	9/1/2009 NB & RB
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery 		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance	\$905,964	12.0%
Brief description of filing. (If filing follows i	territories) or certain classes? If so, specify:	anization): ISO
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rates. American F	ire and Casualty Company
	Amy LaCroix,	ame of Company Technician, Regulatory Filing Official - Title

Change in Company's premium or rate level produced by rate revision effective		September 1, 2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>	
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other 	505,629	-1.2%	
	(territories) or certain classes? If so, specify	: <u>No</u>	
Adopt LC in ISO filing designation CF Line 9 above is Monoline & Package a *Adjusted to reflect all prior rate change	which will result from application of new rates		
	Joan Walte	ers – Compliance Analyst II Official – Title	

Change in Company's premium or rate level produced by rate revision effective		September 1, 2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
3. Liability Other Than Auto			
4. Burglary and Theft5. Glass			
A - F1.1-116.			
7 0 1			
8. Boiler and Machinery			
9. Fire	-17	-1.2%	
10. Extended Coverage	-19	-1.2%	
11. Inland Marine	- Marie - Mari		
12. Homeowners			
13. Commercial Multi-Peril	Washington and the second seco		
15. Other Line of Insurance			
Line of insurance			
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify	r: No	
boos ming only apply to contain territory (to			
Brief description of filing. (If filing follows ra	tes of an advisory organization, specify o	rganization):	
Adopt LC in ISO filing designation CF-200	9-RPTLC with no other changes.		
*Adjusted to reflect all prior rate changes.	the will requit from application of now rate	•	
**Change in Company's premium level whi	ch will result from application of new rate	S .	
	America	ure Insurance Company	
	Amens	Name of Company	
		• •	
	Joan Walte	ers – Compliance Analyst II	
		Official – Title	

Change in Company's premium or rate level produced by rate revision effective		September 1, 2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage		•	
Private Passenger Commercial	Aug		
3. Liability Other Than Auto4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
Boiler and Machinery			
9. Fire	9,487	-1.2%	
10. Extended Coverage	16,075	-1.2%	
11. Inland Marine			
12. Homeowners		The state of the s	
13. Commercial Multi-Peril			
14. Crop Hail			
15. OtherLine of Insurance			
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	r: No	
Brief description of filing. (If filing follows	rates of an advisory organization, specify o	rganization):	
Adopt LC in ISO filing designation CF-	20097-RPTLC with no other changes.		
	A STATE OF THE STA		
*Adjusted to reflect all prior rate change	e .		
**Change in Company's premium level i	s. which will result from application of new rate	S.	
Change in Company 3 promisin level	Willow Will room application of their rate		
	Amerisure	Mutual Insurance Company	
		Name of Company	
		0 11 4 1 1 1	
	Joan Walte	ers – Compliance Analyst II Official – Title	
		Official – Title	

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective		September 1, 2009	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance	1,018,147 erritories) or certain classes? If so, specify	-1.2%	
Brief description of filing. (If filing follows r Adopt LC in ISO filing designation CF-20 Line 9 above is Monoline & Package add *Adjusted to reflect all prior rate changes.	ates of an advisory organization, specify or 1097-RPTLC with no other changes. Ided together. Thich will result from application of new rates the second se	ganization):	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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DIVISION OF INSURANCE
SPRINGFIELD

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Passe	nobile Liability Private		_ Onlings (c. /
Comm Autom			
	obile Physical Damag		
Comm	e Passenger		
	y Other Than Auto		
Glass	ry and Theft		
Glass Fidelity	1		
Surety	•		
•	and Machinery		
Fire	and Machinery	το τοο	.2.00
	led Coverage	59,530 91,272	+2.0% +2.0%
Inland	•	911212	12.00
. Homeo	_		
	ercial Multi-Peril		
. Crop H			
Other	· an		
· Oui <u>ci</u>	Life of Insurance		
	End of modification		
Does f	iling only apply to certain	n territory (territories) or	certain
	es? If so,	N/A	
Classe		N/A	
	<i></i>		
Classe specify			
Classe specify Brief de	escription of filing. (If fili		dvisory
Classe specify Brief do Organi	escription of filing. (If filization, specify	ing follows rates of an a	•
Classe specify Brief d Organi organia	escription of filing. (If filitization, specify zation):	ing follows rates of an a	ess cost multipliers
Classe specify Brief d Organi organia	escription of filing. (If filization, specify	ing follows rates of an a	ess cost multipliers
Classe specify Brief d Organi organia and ap	escription of filing. (If filition ization, specify zation): oply a package modific	ing follows rates of an a	ess cost multipliers
Brief do Organia and ag *Adjust*	escription of filing. (If filitization, specify zation): oply a package modificated to reflect all prior rate	ing follows rates of an a Note Increase location factor to qualication factor in the second	ess cost multipliers
Brief do Organizand ar	escription of filing. (If filitization, specify zation): oply a package modificated to reflect all prior rate	ing follows rates of an a Fig. Increase 1ce Pation factor to qualified the changes. Increase 1ce	oss cost multipliers fing risk
Brief do Organia and ag *Adjust*	escription of filing. (If filitization, specify zation): oply a package modificated to reflect all prior rate	ing follows rates of an a Increase location factor to qualication factor fa	oss cost multipliers fing risk It from application of new

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		·
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft Glass	<u></u>	
Fidelity		
Surety		
Boiler and Machinery		
Fire	500,190	+2.0%
Extended Coverage	378,247	+2.0%
Inland Marine		
Homeowners		
Commercial Multi-Peril		· · · · · · · · · · · · · · · · · · ·
Crop Hail		
Other		<u> </u>
Life of Insurance		
Does filing only apply to certa Classes? If so,	,	certain
specify:	N/A	
Brief description of filing. (If f	iling follows rates of an ad	hvioon
Organization, specify	illing follows rates of all ac	ivisory
organization):	Increase loss co	ost multipliers
and apply a package modifi		
*Adjusted to reflect all prior ra **Change in Company's prem		from application of nev
rates.	Iowa Mu	utual Insurance
7	Nar	ne of Company
·		Barber - Compliance
		Official – Title

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	9/1/2009 NB & RB
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage		
۷.	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$1,301,728	12.0%
	Extended Coverage Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (territories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows rate refer to the enclosed Actuarial Memorandum.	ates of an advisory organization, specify orga	nization): ISO
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rates.	
		The Ohio Cas	ualty Insurance Company
			ne of Company
			and the Description For
			echnician, Regulatory Filing rfficial – Title
			moor - rae

Change in Company's premine $\frac{7}{1}$	ium or rate level produced b	y rate
(1)	(2)	(3) Percent
<u>Coverage</u>	Annual Premium Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	2 (22 120	-0.4%
9. Fire	3,633,138	-0.43
10. Extended Coverage		
11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certai If so, specify: NA	n territory (territories)or	certain classes?
Brief description of filing. (I organization, specify organization	ion): We are filing to adop	t Terrorism Loss Costs rance Services Office

		the within the
* Adjusted to reflect all prior ** Change in Company's premium l result from application of ne	Level which will	
	Sentry Insurance a Mutu	al Company
	Name of Compan	
		1
	Lance Broecker - Compliance Dev	velopment Analyst
	Official - Tit	le
H29219D		

Change in Company's premium revision effective 7/1/09	n or rate level produced	by rate
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain If so, specify: NA	1,054,018 territory (territories)o	-0.7%
Brief description of filing. (If organization	i): We are filing to add	opt Terrorism Loss Costs surance Services Office
		114 114 114 114 114 114 114 114 114 114
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
	Sentry Select Insuran Name of Compa	
T.a.	nce Broecker - Compliance D	evelopment Analyst
H29219D	Official - Ti	

Change in Company's premium revision effective $\frac{7}{109}$	m or rate level produced	by rate
(1)	(2)	(3)
<u>Coverage</u>	Annual Premium <u>Volume (Illinois)*</u>	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire	1,054,018	-0.7%
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance		
Does filing only apply to certain If so, specify: NA	territory (territories)	c certain classes?
Brief description of filing. (If organization, specify organization	n): We are filing to ado	pt Terrorism Loss Costs urance Services Office
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will rates.	
	Sentry Select Insuran Name of Compa	ce Company nv
La	nce Broecker - Compliance De Official - Ti	
H29219D	Official - II	

Section 754. Exhibit A Summary Sheet (Form RF-3)

Form (RF-3) SUMMARY SHEET

	Change in Company's premium or ra effective: September 22, 2009	ate level produced by rate revision	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		240.89/
3.	Liability Other Than Auto	28	240.8%
4.	Burglary and Theft		
5.	Glass		
6. 7	Fidelity		
7.	Surety		
8.	Boiler and Machinery Fire	1,055	-15.2%
	Extended Coverage	813	27.2%
	Inland Marine	013	21.270
	Homeowners		
	Commercial Multi-Peril		·
	Crop Hail		
	Other:		
	Line of Insurance		
	es filing only apply to certain territory(o, specify:	ies) or certain classes? YES 🗽	
org forr	ef description of filing. (If filing follows anization,specify organization): n relativities (already matched for all ativities; match ISO's deductible relati	move to ISO's remainder of state F but 1 territory); rebase cov A PSR co	urves & move toward ISO
	tivities); deviate somewhat from ISO		
TOIL	taviaco), deviate comewhat nom lee	1000 000to to address our experience	
*	Adjusted to reflect all prior rate char Change in Company's rate premium		ion of new rates.
		State Automobile Mutua	al Insurance Company
	RECEIVED	Name of C	
	-	Carole B. Schumacher, S	Senior Actuarial Analyst
	JUN 1.5 2009	Official	

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Section 754. Exhibit A Summary Sheet (Form RF-3)

Form (RF-3) SUMMARY SHEET

	effective: September 22, 2009 (1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		240.000
3.	Liability Other Than Auto	2,399	240.8%
4.	Burglary and Theft		- Andrews - Andr
5. 6.	Glass		
o. 7.	Fidelity Surety		
7. 8.	Boiler and Machinery		
	Fire	88,129	-15.2%
	Extended Coverage	52,938	27.2%
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other:		
	Line of Insurance		
	es filing only apply to certain territory o, specify:	r(ies) or certain classes?	YCS 70
org forr rela	ef description of filing. (If filing follow anization,specify organization): n relativities (already matched for all ativities; match ISO's deductible relativities); deviate somewhat from ISO	move to ISO's remainder of but 1 territory); rebase cov tivities; introduce wind/hail of	A PSR curves & move toward ISO leductibles (matching ISO's
1010	Arriago), corrate comot mat nom to		
*	Adjusted to reflect all prior rate cha Change in Company's rate premiur	-	n application of new rates.
		State Auto Property	and Casualty Insurance Company
	RECEIVED		ame of Company
	UIN 1 5 2000	Carole B. Schum	acher, Senior Actuarial Analyst
	JUN 1 5 2009		Official - Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

1	

Form	(RF-3)	SUMMARY SHEET		
	Change in Company's premium revision effective 8/1/09 New	or rate level produced by rate Business, 9/1/09 Renewal Business		
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+ or -) **	
F	outomobile Liability Private Passenger Commercial			
2. A	Automobile Physical Damage Private Passenger Commercial			
	iability other than Auto			
4. E	Burglary and Theft			
5. 0				
	idelity Surety		· · · · · · · · · · · · · · · · · · ·	
	Boiler and Machinery			
9. F		616,242	+ 9.8%	
• • •	Extended Coverage			
	nland Marine			
. — .	lomeowners			
	Commercial Multi-Peril*			
	Crop Hail			
15. C	Other			
	pes filing only apply to certain ten asses? If so, specify:No	ritory (territories) or certain		
Br or	ief description of filing. (If filing together)	follows rates of an advisory Revising Loss Adjustment factors, Protecti	ion Class factors,	
,	Age of Dwelling factors, and Liability base rates.			

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Trustgard Insurance Company
Name of Company

Brett C. Helf, Product Manager Official - Title

GRAN - 126186445

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	vel produced by rate revision effective	9/1/2009 NB & RB			
	(1)	(2)	(3)			
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**			
1.	Automobile Liability Private					
_	Passenger Commercial					
2.	Automobile Physical Damage Private Passenger Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire	\$2,316,440	12.0%			
	Extended Coverage	42,010,110				
	Inland Marine					
	Homeowners					
	Commercial Multi-Peril					
	Crop Hail					
	Other					
	Line of Insurance					
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:				
	ef description of filing. (If filing follows rate refer to the enclosed Actuarial Memorandum.	ates of an advisory organization, specify org				
	ljusted to reflect all prior rate changes. hange in Company's premium level wh		rican Insurance Company ame of Company			
			Technician, Regulatory Filing			
			Official – Title			